



Docket No. 0575/72067-A-PCT/JPW/BJA/LCM

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Jingyue Ju
Serial No. : 10/591,520 Examiner: Jezia Riley
Filed : June 4, 2007 Group Art Unit: 1637
For : PHOTOCLEAVABLE FLUORESCENT NUCLEOTIDES FOR DNA SEQUENCING
ON CHIP CONSTRUCTED BY SITE-SPECIFIC COUPLING CHEMISTRY

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: May 4, 2009

Sir:

Transmitted herewith is an amendment to the above-identified application.

- Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.
- A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.
- No additional fee is required.

The filing fee is calculated as follows:

Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
			Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	21 -	* 21 =	*** 0 X	\$26	\$52	= 0
Independent Claims	5 -	** 5 =	*** 0 X	\$110	\$220	= 0
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No			\$195	\$390	= 0	
			TOTAL ADDITIONAL FEE \$0.00			

- ¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

- One additional copy of this Amendment Transmittal Letter
 Return Receipt Postcard
 An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes No _____
and a fee of \$ 180.00 included)
 A Petition for an Extension of Time, including a fee of
\$ _____ for a Petition for _____ Month(s) Extension of Time
 Other (identify): _____

THE TOTAL FEE DUE IS \$ 180.00.

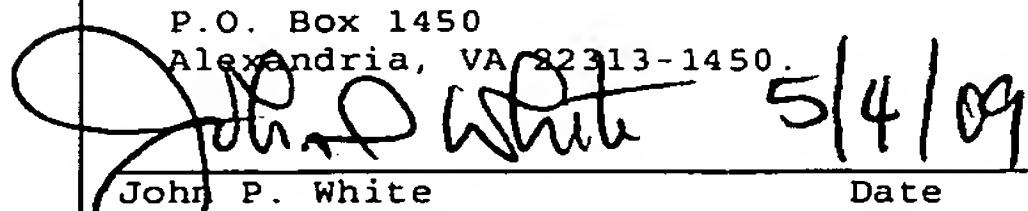
- A check in the amount of \$ 180.00 is enclosed.
 Please charge Deposit Account No. _____ in the amount of
\$ _____.
 The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
 Fees under 37 C.F.R. §1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

 5/4/09

John P. White	Date
Reg. No. 28,678	